

Department of Human Services

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Executive Director

Division of Substance Abuse and Mental Health
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December 12, 2019

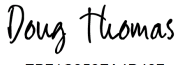
Commissioner Darin Bushman
Piute County Commission
PO Box 135
Marysvale, Utah 84750

Dear Commissioner Bushman:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Central Utah Counseling Center and the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance abuse treatment and prevention services, and general operations. If you have any questions, please contact Chad Carter (801)538-4072

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

DocuSigned by:

EB71C358FA4D437...
Doug Thomas
Division Director

Enclosure

cc: Commissioner Richard Hansen, Juab County Commission
Commissioner Evelyn Warnick, Millard County Commission
Commissioner Scott Bartholomew, Sanpete County Commission
Commissioner Ralph Brown, Sevier County Commission
Commissioner Dennis Blackburn, Wayne County Commission
Brian Wipple, Director of Central Utah Counseling Center



Site Monitoring Report of

Central Utah Counseling Center

Local Authority Contracts #160046 and #160047

Review Dates: November 5th, 2019

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Central Utah Counseling Center (also referred to in this report as CUCC or the Center) on November 5th, 2019. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Central Utah Counseling Center (CUCC). The Governance and Fiscal Oversight section of the review was conducted on November 5th, 2019 by Chad Carter, Auditor IV.

The site visit was conducted at CUCC as the contracted service provider for Juab, Millard, Piute, Sevier, Wayne and Sanpete Counties. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, CUCC provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

CUCC received a single audit as required, the CPA firm Kimball & Roberts conducted the audit for the year ending June 30, 2019. The single audit report had not been finalized as of the date of the site visit, but CUCC provided a draft report. The auditors issued an unmodified opinion, stating that the basic financial statements present fairly, in all material aspects, the financial position of the business-type activities of Central Utah Counseling Center. There were no findings or deficiencies reported.

Follow-up from Fiscal Year 2019 Audit:

No findings were issued in FY19.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) The CUCC emergency plan was reviewed by Robert Snarr, Program Administrator as part of the site visit. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. It is recommended that CUCC review these suggestions and update their emergency plan accordingly.

FY20 Division Comments:

None

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Central Utah Counseling Center on November 5th, 2019. The monitoring team consisted of Mindy Leonard, Program Manager; Leah Colburn, Program Administrator; Tracy Johnson, Wraparound and Family Peer Support Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and allied agency visits. During the visit, the monitoring team reviewed the FY19 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Family Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committee involvement; school-based behavioral health; Mental Health Early Intervention Funding; juvenile civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2019 Audit

FY19 Minor Non-compliance Issues:

- 1) *Objectives:* The recovery plan objectives were not measurable within the charts. Division Directives state, "The current version of the approved Utah Preferred Practice Guidelines shall be the preferred standard for assessments, planning and treatment." The current Utah Preferred Practice Guidelines state, "objectives are measurable, achievable and within a timeframe." Objectives in four of the ten chart reviews were vague and difficult to achieve (e.g. the "client will follow the safety plan"), while one chart did not include objectives.

This issue has been resolved. CUCC exhibited an improvement in the objectives' ability to be measured, achieved, and set within timeframes as showcased through the chart review, with eight of the ten charts having objectives matching the Preferred Practice Guidelines.

FY19 Deficiencies:

- 1) *Youth Outcome Questionnaire:* The frequency the Youth Outcome Questionnaire (YOQ) was administered did not meet requirements set in the Division Directives. The Division Directives state, "DSAMH will require that the Youth Outcome Questionnaire (OQ/YOQ) be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt)." Through records reviews, four of the ten charts reviewed had YOQs that were not administered at the required rate of at least once every 30 days.

This issue has been resolved. CUCC has improved the frequency the YOQ is utilized as evidenced through the chart review process, with eight of the ten charts having good utilization of the YOQ.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) *Respite Services:* CUCC continues to provide respite services at a lower rate. DSAMH acknowledges that CUCC provides many other opportunities and services for youth and families through their continuum of care. It is recommended that CUCC continue to explore ways to increase respite service delivery for families and youth when appropriate.
- 2) *Case Management:* CUCC saw a decrease in youth who were provided case management, from 82 in FY18 to 52 in FY19. It is recommended that CUCC explore avenues to provide case management services to more youth and families, when appropriate.

FY20 Division Comments:

- 1) *Documentation:* In response to the prior year's finding, CUCC has revised their approach to assessment, treatment planning, and the documentation of objectives. CUCC has engaged their clinical teams in this process to ensure the documentation changes support both documentation requirements and clinical flow. CUCC reports both clinical and client satisfaction with their efforts to streamline the assessment and clinical documentation processes. CUCC continues to explore methods to increase YOQ engagement from SBBH clients, including through the use of technology.
- 2) *School Collaboration:* CUCC has developed and continued to expand partnerships with multiple school districts in their catchment area. CUCC is invested in supporting their school districts in gaining access to school based behavioral health. CUCC has partnered with Central Utah Education Services to support access needs in their area. CUCC has supported Sanpete School District and other districts in their area in obtaining monies through HB 373 through in kind services to allow for students to access additional school based mental health services. CUCC is committed to provide options to support access in schools, in spite of limited resources.
- 3) *Family Resource Facilitation and Family Peer Support:* CUCC continues to support the Family Resource Facilitators (FRF) model. FRFs continue to be an integral part of the

continuum of care through CUCC. It is recommended that CUCC examine methods to train staff on the FRF services available to increase appropriate referrals. It is also recommended that CUCC work with Allies with Families and DSAMH to strengthen the Peer Support documentation within the Electronic Health Record.

Adult Mental Health

The Division of Substance Abuse and Mental Health and Adult Monitoring Team conducted its annual monitoring review at Central Utah Counseling Center on November 5th, 2019. The monitoring team consisted of Mindy Leonard, Program Manager. The review included the following areas: record reviews, review of CUCC internal chart audits, discussions with clinical supervisors, management teams, a Certified Peer Support Specialist and program participants. During the monitoring visit, charts were reviewed from Sevier, Juab, Sanpete, and Millard Counties. Visits were conducted at the Sanpete County Jail. During the discussions, the site visit team reviewed the FY18 Monitoring Report; statistics, including the mental health scorecard; area plans; outcome questionnaires; Division Directives, and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2019 Audit

FY19 Deficiencies:

- 1) *Documentation:* A review of the documentation demonstrated that six of ten charts did not include measurable objectives (ie. "process past triggers", "being successful" or "50% decrease in negative thoughts" without identifying baseline or measurement). This was also reflected in the internal chart review. One solution would be encouraging staff to utilize SMART goals; Specific, Measurable, Attainable, Relevant, and Time-based. The CUCC internal peer review tool assesses whether objectives could be achieved quickly and could be modified to also include whether objectives are measurable.

This issue was resolved. Nine of ten charts reviewed demonstrated measurable objectives. This is a dramatic improvement from the previous year.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) *Services for Incarcerated Individuals*: It is recommended that CUCC continue to foster the relationship with Sanpete Jail and to encourage improved rapid communication. This may be particularly helpful when individuals with serious mental illness are discharged without the jail and provider receiving prior warning.

FY20 Division Comments:

- 1) *Evidence-Based Planning (EBP)*: CUCC has focused on ensuring the EBPs are provided to fidelity, using fidelity scales when available. Supervision includes a review of recorded sessions and in-person observation. This is also a commendation from Substance Use Disorder Treatment.
- 2) *Transportation*: CUCC, a provider in a large, rural catchment area without public transportation, has worked with Logistic to provide transportation. They continue to be challenged with client transportation for those who are not Medicaid qualified. CUCC is commended for continuing to explore creative ways to help with the challenge of transportation.
- 3) *Cultural Competency*: CUCC invites speakers to train on specific populations, and reviews what is necessary to support cultural competence on a monthly basis. CUCC has provided an agency cultural competency plan, and has demonstrated that the Local Authority is dedicated to addressing cultural competency and providing related training for their employees.
- 4) *Peer Support Services (PSS)*: DSAMH commends CUCC for increased provision of Peer Support Services, including an increase in the number of PSS providers and multiple PSS-led groups available daily.

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Central Utah Counseling Center on November 5th, 2019. The review focused on the requirements found in State and Federal law, Division Directives and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

Follow-up from Fiscal Year 2019 Audit

FY19 Minor Non-compliance Issues:

- 1) In FY18, CUCC completed a Community Readiness Assessment for Juab and Sevier County with SHARPS data.; However, CUCC has not completed a comprehensive Local Authority Assessment. CUCC should work with coalitions and use existing data to assess community needs, prioritized populations and readiness.

This issue has been resolved. In FY19, CUCC completed a Comprehensive Local Authority Assessment, which now meets Division Directives.

- 2) In FY18, 73% of CUCC's programs were evidence-based. This is below the Division's goal of 90%. During FY18 the required percentage increased to 90% of total strategies.

This issue has been resolved. In FY19, 100% of CUCC's programs were evidence-based, which now meets Division Directives.

- 3) In FY18, CUCC used their Area Plan as a Strategic Plan. While this acceptable, the Area Plan submitted by CUCC did not have all of the requirements of a Strategic Plan according to Division Directives. The Strategic Plan should include a comprehensive assessment, information on community capacity, planning, implementation and evaluation. CUCC should work with the Regional Director to complete this.

This issue has been resolved. In FY19, CUCC developed a Strategic Plan, which now meets Division Directives.

- 4) No Eliminating Alcohol Sales to Youth compliance checks occurred in FY18. CUCC continues to invite law enforcement agencies to trainings and coalition meetings.

This issue has been resolved. In FY19, CUCC completed EASY Compliance Checks for their local area, which now meets Division Directives.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) *Guiding Good Choices:* CUCC recently implemented Guiding Good Choices in one of their local areas, which has been very successful and well attended. CUCC is now working on expanding access to Guiding Good Choices in other areas by training more individuals that can teach this class, including Coalition members. It is recommended that CUCC continue to train more individuals that can teach Guiding Good Choices for other counties in their local area.
- 2) *Coalition Efforts:* CUCC has worked diligently to move their four coalitions from the Strategic Prevention Framework (SPF) to the Community that Cares (CTC) Model. It is recommended that they continue to work with their Prevention Regional Director on coalition efforts.
- 3) *Funding:* Over the past year, CUCC has used funds from the State Opioid Response (SOR), National Alliance for Mental Illness (NAMI), COOP and Reduction of Means Grants to promote opioid initiatives and other important issues in their community. They are still working on applying for the Drug Free Communities Grant, which they did not receive last year. In addition, they also helped community partners apply for grants this year as well. It is recommended that CUCC continue to seek funding sources for initiatives and collaborate with community partners to sustain prevention efforts in their community.

FY20 Division Comments:

- 1) *EASY Compliance Checks:* CUCC spent several years working with the Sheriff's Department to have them complete the EASY Checks, which they followed through with. Through their diligence and persuasive methods, CUCC was finally able to encourage the Sheriff's Department to complete EASY Compliance checks for the first time this past year, which is a major accomplishment.
- 2) *CTC Coalitions:* CUCC trained all of their four coalitions on the Communities that Care (CTC) Model, which they are now using. These coalitions include (1) Juab Unites Motivating Prevention (JUMP); (2) East Millard Prevention Coalition (EMPC); (3) Central Utah Prevention Coalition (CUPC) and (4) Sanpete Cares. These coalitions are at different stages of the CTC process. The Youth Coalition in San Pete started out as a club, where over 100 kids signed up to participate. They have since developed into a coalition and set up

teams that focus on various initiatives such as vaping and tobacco and the importance of being kind on Social Media. They meet with the Mayor on a regular basis, present at the Elementary Schools and host events, such as a tailgate party where 800 kids showed up. San Pete also has coalitions in each High School. The Youth Coalition in San Pete is very dedicated and involved in initiatives that are making a positive difference in their community.

- 3) *Prime for Life Classes:* All three CUCC Prevention Coordinators are teaching Adult Prime for Life (PRI) Classes for their community. There are other PRI classes provided in the community, which CUCC reports are double the cost of their classes, so they usually receive a good attendance for their classes. The PRI classes provided by CUCC have been a valuable resource for their community.

Substance Use Disorders: Treatment

Becky King, Program Administrator, conducted the review of Central Utah Counseling Center on November 5th, 2019. The review focused on compliance with State and Federal law, Substance Abuse Treatment (SAPT) Block Grant regulations, and adherence to DSAMH directives and contract requirements. The review consisted of an interview with program staff, data submitted to DSAMH, a review of clinical records and an evaluation of agency policy and procedures. In addition, performance and client satisfaction was measured using the Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data.

Follow-up from Fiscal Year 2019 Audit

No findings were issued in FY19.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) *Addiction Society of Addiction Medicine (ASAM):* CUCC's Substance Use Disorders (SUD) Treatment Team has worked diligently on their charts over the past year by improving their assessment, Recovery Plans and ASAM. The chart review this year reflected many great improvements, including a more detailed ASAM. They also adjusted their assessment to ensure that they are engaging clients while gathering the necessary information for an initial diagnosis and recovery plan. CUCC also added a section in the Recovery Plan and Review which will incorporate the ASAM Goals. It is recommended that CUCC continue their work on incorporating the ASAM Goals in the Recovery Plan and Goals through the use of their new form over the next year (*Chart #'s: 5141, 85087, 84640, 83562, 84366, 83923, 3077, 81844, 84573*).
- 2) *Opioid Misuse:* CUCC reports that heroin and Intravenous (I.V.) drug use has been a problem for their community. They report that a growing number of individuals seem to be

moving from prescription drug misuse to heroin use. CUCC also reports that the doctors in their community are now starting to recognize the importance of reducing the number of medications in prescriptions. CUCC is working on several initiatives to reduce opioid use in their community which have been helpful to many individuals.

FY20 Division Comments:

- 1) *Holistic Approach to Wellness:* CUCC promotes a wellness program for staff and clients. Staff receive points for achieving their health and wellness goals, then can spin the Wheel for a prize. CUCC staff discuss the importance of health and wellness with clients on a regular basis and their medical staff share information on sleep hygiene and weight. CUCC attempted to sponsor an “Addicts to Athletes” Program in their area, but could not find enough clients to participate; however, they were able to sponsor a Sober Soft Ball Team with individuals in different stages of recovery and are working on sponsoring a Sober Volley Ball Team. Drug Court clients have been able to receive a free membership to the gym and other clients have been able to receive medical care through Targeted Adult Medicaid (TAM) and Medicaid Expansion. In addition, they are able to receive free dental work through the University of Utah. CUCC’s commitment to health and wellness has made a positive difference for their staff and clients.
- 2) *Fidelity Monitoring:* CUCC reports that they have done a great job monitoring their evidence-based programs and practices (EBP’s) to fidelity. The Administrative Team has been taping the clinician’s sessions and reviewing them on a regular basis. In addition, individuals have been observing groups and using the fidelity scales. CUCC also developed a fidelity scale for Moral Reconnection Therapy (MRT), which turned out to be an effective tool. CUCC continues to seek methods to ensure that their EBP’s are being monitored to fidelity.
- 3) *Medication Assisted Treatment (MAT):* CUCC has come a long way in improving access to MAT for their community. They now have two physicians that prescribe Suboxone and Vivitrol, which has been a great benefit to their community. In addition to MAT, CUCC is providing individualized treatment services and drug testing as needed. These services have helped many individuals with opioid use disorders.
- 4) *Drug Court:* The new sentencing guidelines have reduced the number of participants by a third in CUCC’s Drug Court Program. CUCC reports that many people prefer to finish their sentence in jail than complete Drug Court; however, there are success stories with clients in their Drug Court Program. For example, there was a pregnant woman with an opioid use disorder in Drug Court who faced many challenges; however, through the support of Drug Court, MAT, and housing support, she successfully graduated and moved into her own apartment. Despite the challenges CUCC is facing with lower numbers in Drug Court, they continue to help many people succeed and become productive members of society.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well-being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well-being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well-being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well-being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Central Utah Counseling Center and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter DocuSigned by:
Auditor IV *Chad Carter* Date December 16, 2019
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Approved by:

Kyle Larson DocuSigned by:
Administrative Services Director *Kyle Larson* Date December 18, 2019
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Eric Tadehara DocuSigned by:
Assistant Director of Children's Behavioral Health *Eric Tadehara* Date December 16, 2019
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Jeremy Christensen DocuSigned by:
Assistant Director Mental Health *Jeremy Christensen* Date December 16, 2019
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Brent Kelsey DocuSigned by:
Assistant Director Substance Abuse *Brent Kelsey* Date December 16, 2019
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Doug Thomas DocuSigned by:
Division Director *Doug Thomas* Date December 18, 2019
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Attachment A

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool**Name of Agency:** Central Utah Counseling Center**Date:** November 15, 2019

<i>Compliance Ratings</i>				
Y = Yes, the Contractor is in compliance with the requirements.				
P = Partial, the Contractor is in partial compliance with requirements; comments provided as suggestion to bring into compliance.				
N = No, the Contractor is not in compliance with the requirements.				
Monitoring Activity	Compliance			Comments
	Y	P	N	
Preface				
Cover page (title, date, and facility covered by the plan)		X		Need date on plan
Signature page (with placeholders to record management and, if applicable, board of directors' approval of the plan and confirmation of its official status)			X	Need signature page, approval of plan and confirmation of its official status
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)			X	Need dates of reviews/scheduled revisions
Record of changes (indicating when changes have been made and to which components of the plan)			X	Need place to identify changes to the plan, made by whom, and date of change
Record of distribution (individual internal and external recipients identified by organization and title)			X	Need distribution record
Table of contents			X	Need table of contents
Basic Plan				
Statement of purpose and objectives	X			
Summary information	X			
Planning assumptions	X			
Conditions under which the plan will be activated	X			
Procedures for activating the plan	X			
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan			X	Need to identify the methods for updating the plan, communicating changes and how staff are trained.
Functional Annex: The Continuity of Operations (COOP) Plan				
Essential functions and essential staff positions		X		Need to identify specific staff (i.e., Go Team, Local Team Leader and Team Members)
Continuity of leadership and orders of succession		X		Need to identify specific names and numbers (i.e., attach an org chart and telephone numbers)

Leadership for incident response	X			
Alternative facilities (including the address of and directions/mileage to each)			X	Need to identify alternative facilities to be used, if needed
Planning Step				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)			X	Need to identify who is on the planning team and representing which area.
The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> • Engineering maintenance • Housekeeping services • Food services • Pharmacy services • Transportation services • Medical records 			X	Need to specify how these functions will be provided
The team has coordinated with others in the State and community.			X	Need to identify coordination efforts with the State and community (i.e., page 50 identifies the Pre-Disaster Checklist: Disaster Mental Health Shelter Operation indicating a need for an MOU but no documentation that an MOU exists)

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Brent Kelsey

bkelsey@utah.gov

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Eric Tadehara

erictadehara@utah.gov

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(None)

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Eric Tadehara
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Signed: 12/16/2019 9:32:36 AM

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Jeremy Christensen

Jeremy@Utah.gov

Security Level: Email, Account Authentication
(None)

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Jeremy Christensen
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Signature Adoption: Pre-selected Style

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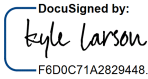
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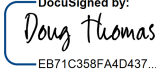
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<p>Doug Thomas dothomas@utah.gov Director Security Level: Email, Account Authentication (None)</p>	<p>DocuSigned by:  EB71C358FA4D437...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 165.239.13.112</p>	<p>Sent: 12/18/2019 2:20:43 PM Viewed: 12/18/2019 2:48:24 PM Signed: 12/18/2019 2:48:42 PM</p>
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In Person Signer Events	Signature	Timestamp
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Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

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<p>Darin Bushman darinbushman@piute.utah.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div>COPIED</div>	<p>Sent: 12/18/2019 2:48:47 PM</p>
<p>Dennis Blackburn dennisblackburn@gmail.com Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div>COPIED</div>	<p>Sent: 12/18/2019 2:48:47 PM</p>
<p>Evelyn Warnick ewarnick@co.millard.ut.us Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div>COPIED</div>	<p>Sent: 12/18/2019 2:48:47 PM</p>

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Ralph Brown ralphbrown@sevier.utah.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/18/2019 2:48:47 PM
Richard Hansen sawmillcanyon@msn.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/18/2019 2:48:47 PM
Scott Bartholomew scott@gtelco.net Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/18/2019 2:48:47 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
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